U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

//SigeCU \	LY BEFORE PREPARING THIS REPORT.
E (3 MB172005)	
Q _M S OF	
1. File Number U - 1/559	2. Fiscal Year Covered From:
	@1 / 01 / 2004 Through: [12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOHN CAMPANELLA	Name UFCW LCAL 348-5
	Labor Organization File Number Olo-069
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 235 Hett Avenue	Street 9235 474 AVENUE
City Steven Island	City BrookLYN
State New York ZIP Code +4 10306	State NEW YORK ZIP Code +4 11209-746
5. Position in labor organization. BUS AGENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	
1	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
	7.b. Amount.
Street	7.b. Amount.
Street City State ZIP Code + 4 Sign	ature
Street City State ZIP Code + 4	eature Perjury and other applicable penalties of the law, that all of the information ing documents) has been examined by the signatory and is, to the best of the
Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)
Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	eature Perjury and other applicable penalties of the law, that all of the information ing documents) has been examined by the signatory and is, to the best of the

File Number U-JOHN CAMPANELLA Name of Person Filing B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. Street 12.a. Nature of interest held or income received. City ZIP Code + 4 State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant CHRISTMAS PARTY (including trade name, if any). VFCW LOCAL Trade Name, if any: P.O. Box, Bldg., Room No., if any 4TH AVENUE Street BROOKLYN ZIP Code +4 /1209-7006 State 14.b. Amount of payment. 125-13.b. Is the Business an Employer 🔀 or Consultant